

1845

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
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| 1. County of <u>Cochise</u> | BUREAU OF VITAL STATISTICS | | State Index No. <u>143</u> |
| District of <u>Glendale</u> | ORIGINAL CERTIFICATE OF BIRTH | | County Registrar No. <u>760</u> |
| Town of <u>Glendale</u> | No. <u>4342 Hill</u> | | Local Registrar No. _____ |
| City of _____ | (If birth occurred in a hospital or institution, give its NAME instead of street and number) | | St. _____ Ward _____ |
| 2. Full name of child <u>Ralph Henry Dunlap</u> | | If child is not yet named, make supplemental report, as directed. | |
| 3. Sex of Child <u>Male</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 6. Legitimate? <u>yes</u> |
| 5. No., in order of birth _____ | 7. Date of birth <u>11 10 23</u> | | Month day year |
| 8. FATHER | | 14. MOTHER | |
| Full name <u>Ralph Henry Dunlap</u> | | Full maiden name <u>Imogene Gladys Bryant</u> | |
| 9. Residence (Usual place of abode) <u>Glendale, Ariz.</u> | | 15. Residence (Usual place of abode) <u>Glendale, Ariz.</u> | |
| If nonresident, give place and state _____ | | If nonresident, give place and state _____ | |
| 10. Color or race <u>White</u> | 11. Age at last birthday <u>25</u> (Years) | 16. Color or race <u>White</u> | 17. Age at last birthday <u>24</u> (Years) |
| 12. Birthplace (city or place) <u>Encampment, Wyoming</u> | 18. Birthplace (city or place) <u>Calhoun, California</u> | | (State or country) |
| 13. Occupation <u>Chemist</u> | 19. Occupation <u>Housewife</u> | | Nature of industry |
| 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) | | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | |
| (a) Born alive and now living <u>2</u> | | (b) Born alive but now dead <u>0</u> | |
| (c) Stillborn <u>0</u> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:00 a.m.</u> on the date above stated. | | | |
| (Born alive or stillborn.) | | | |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. | | Signature <u>H. E. Wright</u> (Physician or midwife) | |
| Given name added from _____ | | Address <u>Glendale, Arizona</u> | |
| Month, day, year. _____ | | Filed <u>11-22</u> , 19 <u>23</u> Local Registrar. | |
| Registrar. _____ | | Filed <u>12-5</u> , 19 <u>23</u> County Registrar. | |

948-1110-423